


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 039 ****61.25

DOCUMENT # N94000004852 1. Entity Name FLORIDA DANCE THEATRE, INC.					
Principal Place of Business 305 W MAIN ST LAKE LAND, FL 33815 US			Mailing Address POB 831 LAKE LAND, FL 33802 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3263127	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERKES, CAROL 230 COLLEGE GROVE CIRCLE WINTER HAVEN, FL 33881				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLTZ, KELLY 755 LAKE WED RD WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Boltz, Kelly 755 Lk Wed Rd Winter Haven, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERKES, CAROL J 230 COLLEGE GROVE CIRCLE WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Punam, Saxena 2165 Emerald Ridge Rd Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORLOW, ANGELA 1400 BANANA RD STE 39 LAKE LAND, FL 33815		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Worlow, Angela 3737 Willow Wisp Pr N Lakeland, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, ARTHUR W 1332 EDGEWATER BEACH DR. LAKE LAND, FL 33805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lanier, Shannon 213 RISSINS ST Lakeland, FL 33801	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carol Erkes</i> Carol Erkes 4/19/07 863-802-0399 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					